

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8558

Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 903
 (b) Township Leitchville Primary Registration District No. 4545
 (c) City Leitchville, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN P. THOMAS
 (a) Residence, No. Leitchville, Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary J. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11, 1856</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leitchville, Mo.</u>		
FATHER	13. NAME <u>Unkington</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Unkington</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT (ADDRESS) <u>Mary J. Thomas</u> <u>Leitchville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leitchville, Mo.</u> DATE <u>2/4/40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. C. Dumble</u> <u>Leitchville, Mo.</u>		
20. FILED <u>2/21</u> 19 <u>40</u> <u>J. M. Mull</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-1</u> , 19 <u>40</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>1-10</u> , 19 <u>40</u> , to <u>2-1</u> , 19 <u>40</u> I last saw him alive on <u>2-1</u> , 19 <u>40</u> Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Myocardial Insufficiency</u> <u>1930</u> <u>1920</u> Other contributory causes of importance: _____ Name of operation <u>no</u> Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>0</u> , 19____ Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>no</u> Nature of injury <u>no</u> 24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>J. M. Mull</u> 1, M. D. (Address) <u>Leitchville, Mo.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.